

Name

RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Office:

☑ House

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

□ Senate

WAINEETHICS COMMISSION

FEB 1 7 2010

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Leslie T Fossel

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address PO Box 505		District 53
City, zip code	4535	Phone 586 5680
PART 1. INCOM	E DERIVED FROM EMPLOYMENT	BY ANOTHER
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of	\$1,000 or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine	14 SHS ME O433	Government 3
	enem manerana ar ename; samenem ar enamenem enem enem enem enem enem enem	
	OME DERIVED FROM SELF-EMPI Legislators who are self-employed.	
A. List the name and address of your business, i associated with a partnership, firm, professional entity.	f any, and list the major areas of econor	mic activity from which you derived income. If
Name and Address of Business Entity Selve Prop Ketor	Major Areas of Economic (self)	(partnership, association or similar
Name: Restoration Resources Address: POBOX 525 Alna OY	s management (1) 535 market my Conserting	owner) Historic House Restorations Contractor
Name: Address:		
The state of the s	F	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators, who are self-employed.)	/MENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Frank Redib Address: 58 KNex St Thomaston ME 04861	Unknown - weake restoring his house inThomostor
Name: Bradq Upa Tuck Address: 1822 Chely Lee Lane Anchorage AK 99507	Unknown - weare restory his house in Greene
PART 3. MAJOR AREAS OF PRACTICE	
(For Legislators who are attorneys-at-law only.) List your major areas of practice. If associated with a law firm, list the major areas of practice of your fi	rm.
Name and Address of Firm Major Areas of Pra (self)	ĸĸŢĸĸĸĸŶĬĸĸŢĸŖĸĸĸŶĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ
Name:	
Address:	
Name:	
Address:	· Cell of the Property of the Cell of the
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include g	Iffs. If none, check the box.
None Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	Personal control in the control contro
Name: Address:	
Address:	
Address: Name:	
Address: Name: Address:	reporting period, and list the major
Address: Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the	reporting period, and list the major
Address: Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	reporting period, and list the major
Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None	reporting period, and list the major ne, check the box. Principal Type of Economic
Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no Name and Address of Creditor	reporting period, and list the major ne, check the box. Principal Type of Economic
Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no Name and Address of Creditor Name:	reporting period, and list the major ne, check the box. Principal Type of Economic

PART 6	. REPORT	ABLE GIFTS		
List the specific source of each gift of more than \$300. Including none, check the box.	dude gifts wit	n an aggregate v	alue of more	than \$300 from a single source. If
None	alaman erenilyenin lyennelyeren penaleberaniak eraniak eraniak	edicalizada alializare equirerenare e e acaserra e entedi da adrirradi de e e dirigida e	transitus arausara suurettiita asatteettievit vihtitteetetti, tettievivet	kanisan kunada partinan manaman di Simanda an di Simanda (Simanda) an da di mana da dimanda (Simanda Simanda Siman
Name of Source of Gift		ntraultungsson seminastaspungsecumminisetermannene	Name of	Source of Gift
1. National Academy for State Heath	Police 3.	Nobelilia else (Pubelinis biblio en else emals believit est interiorente else else else else els tribe		THE CONTRACTOR OF THE CONTRACT
2.	4.	иннекратурасунын найний конколодойный туучин күр (изинек кыш	naman ja ja ja parentara niintä SS teritorista ta anti SS teritorista.	underselden von Zuch Zich der der der werde in der werde der der der der der der der der der
PART 7. R List the source of any honoraria accepted for appearances or		E HONORARI		nsibilities. If none, check the box.
None	ndente Amerikaa seemanda karta kan mada da ah da	adenderativa de de disease en estado de destado en estado de destado de destado de destado de destado de desta	muunun 200 Tuhutuun teetistiinen testaavatsikkest misterista että tuhen sisk	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of Source of Honoraria	esteurin von vereilen in het des til det til de verberginer er vongstegt het herven in he I de vereilen i vereilen i de vereilen i Authentik et vertik i vertik vereilen i vereilen i de vereilen i de vereilen i de vereilen i de vereilen i vereilen i de ve	entrial and Armenia on a discussify an aligh on Armenia of a monthly a binaria Arthridae 	Name of Sou	rce of Honoraria
1.	3.			
2.		hyddiddiadd Addellion Lorfu, aitu (Add Lordus, Arma, Addellio, La theillioldd a'i llyddiadd llei Cill	endon Administrativa (Antino II ventre II v II vila (Antino II v II Antino II v II Antino II v II Antino II v	
PART 8. REPRESEN	TATION BE	FORE STATE	AGENCIES	
List each executive branch agency before which you repres box.	sented or ass	isted others for c	ompensation	of any amount. If none, check the
☑ None	kangan gadanahaya kagancayan danin dayara kalanda kecana	····/www.saydahettythiophyddysthhiodahetdhydtidiaeddahethiophydiaeth	gangar kagamar rangsar ka kamar rangsar pananan kasangk	and Aberthian nembels exhibited in the color and the Aribert and Aribert in Section 1994 and the color and the Aribert in Color and the Aribert in Color and
Name of Agency			Name	of Agency
1.	3 .			
меньноския муниципальные меньноские меньноские общенностью высокия меньноский общенностью меньноский общенностью общенностью меньноский	4.	Telegraphy and the common section of the section of	nderte ettemmete ettemmete kondulert ettempolyte ettempolyte ettempolyte ettempolyte ettempolyte ettempolyte e	\$
PART 9. BUSIN		Dakano e Bas		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	per or your in	amediate ramily s	sola goods o	r services with a value in excess of
☐ None				
Name of Agency	alastipus (1 mendelis med kantilis med menensiya med kentek kentek kentek kentek kentek kentek kentek kentek k Antonia kentek kent	heilingheghilill ag begreedja opholose ja neibh heilitesse vi absob le Teografia	Name	president programment of the control
1. Office of Substance About	3.			
2.	4.			
PART 10. INCOME RECEIV	ED BY MEI	MBERS OF IMA	ΛΕDIATE F.	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	nd of income	represented. If y		
Name of Spouse or Domestic Partner and Job Title	Represer	conomic Activity nting Source of e Received	Relationship	Kind of Income
Name: Meredith Fossel	1. Coms	ultio	(Spouse) or	1 Non-employee Composed to
Name: Meredith Fossel Job Title: Consultant	2. 3.		Domestic Partner	2. 3.
			Dependent	да жеруулгар уруулган орон орон орон орон орон орон орон ор
If dependent child(ren) receive more than \$1,000 of income			Child Dependent	
for the reporting period, list only the type of economic activity and the kind of income.			Child	
en e	(%) 		Dependent Child	
			ř	· · · · · · · · · · · · · · · · · · ·

.

PART 11. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

Non	е
-----	---

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Wiscosser Quebec Pailfood POBOX 525 Alna ME 04535	Treasurer	Legislator		P Ø
Neck House School 124 Reck House Rd Edgecomb, ME 04556	Treasurer	Legislata		No
Paponte String Quartet PO Box 401 Pamariscotta ME 04543	Pices ident	Legislator		No

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for

ADDITIONAL INFORMATION

Part/Section Number		
井川 は本以 天 VI	Mottis Fating MErcust Director, Spause, Mexedith, NO 1 POBARBURSCOSSET ME Canty Historical ASSIN, Director, Spause, Mexedith, NO 1 POBAGUES CASSES ME Maine Presorual for Polusory Trustee Legistouter No Po 500 Cangress Portland MY 04101	Pay
		7.